



City of Council Bluffs

Building Division

Building Permit Application

*Applicant to Complete Numbered Spaces Only *

Number of plan sets:

Date:

Permit No.:

1. Job Address:					
2. Legal Description Lot:		Block:	Subdivision Name:		
Attachments: ____ Yes ____ No					
3. Owner:		Mailing Address:	Zip:	Phone:	
4. Contractor:		Mailing Address:	Phone:	License #	
5. Architect/Engineer:		Mailing Address:	Phone:		
6. Plumbing Contractor :					
7. Mechanical Contractor:					
8. Electrical Contractor:					
9. Describe Work:					
10. Valuation of Project:					
Special Conditions		For Official Use Only			
		Type of Construction:		Occupancy Group:	
		Total Sq. Ftg.	Finished ____	Unfinished ____	
		# of stories:	Zone:	Flood Zone:	
		# of dwelling units:			
Application Accepted By: _____		Approvals:			
Plans Accepted By: _____		Building:	Required	Approve	
Approved for Issuance By: _____		Engineering:	Denied		
NOTICE Separate permits are required for electrical, plumbing heating, ventilation, or air conditioning This permit becomes null & void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction		Fire:			
		Health:			
		Planning:			
		Flood:			
		Soil:			
		Shell:			
		Foundation:			
		Building Permit fee:			\$
		Plumbing Permit fee:			\$
		Mechanical Permit fee:			\$
Electrical Permit fee:			\$		
Utility Permit fee:			\$		
Plan Review fee:			\$		

Signature of Contractor or Authorized Agent

Date

Signature of Owner (If Owner/Builder)

Date